

**INFORMATIONAL LETTER NO. 2084-MC-FFS**

**DATE:** January 2, 2020

**TO:** All Iowa Nursing Facilities (NF)

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Supplementation Submission

**EFFECTIVE:** Upon Receipt

Iowa Administrative Code [441 Chapter 81.10\(5\)"e"\(11\)](#)<sup>1</sup> requires nursing facilities submit supplementation information annually to DHS by January 15. **This is to be submitted even if supplementation was not utilized during the preceding calendar year. While this form has been incorporated into the cost report, the information is still required to be reported pursuant to the legislation and rules. The Department is working on changing this requirement so that the information will only be required on the cost report for future periods.**

The submitted information must include:

- The total number of nursing facility beds available at the NF, the number of such beds available in private rooms, and the number of such beds available in other types of rooms.
- The average occupancy rate of the facility on a monthly basis.
- The total number of residents for whom supplementation was utilized.
- The average private pay charge for a private room in the nursing facility.
- For each resident for whom supplementation was utilized, the total charge to the resident for the private room, the portion of the total charge reimbursed under the Medicaid program, and the total charge reimbursed through supplementation.

The purpose of this Informational Letter is to provide you with a copy of the Nursing Facility Supplementation Payment Report, Form 470-5383. This form was created in accordance with 2012 Iowa Acts Senate File (SF) 2160 to be used for the submission of supplementation information to the Department. NFs shall use Form 470-5383 to report supplementation amounts, if any, received to provide Medicaid residents a private room. The form can be found on the [DHS website](#)<sup>2</sup>.

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<sup>1</sup> <https://www.legis.iowa.gov/docs/iac/rule/01-07-2015.441.81.10.pdf>

<sup>2</sup> <https://dhs.iowa.gov/sites/default/files/470-5383.xls>

**This form is due no later than January 15, 2020.**

Completed forms should be submitted to:

Iowa Medicaid Enterprise  
PO Box 36450  
Des Moines, IA 50315

An electronic copy of the form should be submitted to [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us).

If you have any questions, please contact the IME Provider Cost Audit at 866-863-8610 or email at [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us).